

NOMAD Membership Annual Renewal – 2019 Due by January 15, 2019

PLEASE CHECK TYPE OF MEMBERSHIP:

___ \$40 Working Member (10 hours of club-related activity*)

___ \$75 Supporting Member

___ \$0 Jr. Handler (under 17) (10 hours of club-related activity suggested)

*** Working Members: Keep track of your own working hours including the activities they support.**

New members who joined after June 30, 2018 are exempt from 2019 dues but **must return** this form.

Member Name: _____

I would like to join or continue on the following committee(s): Indicate committees on which you wish to serve for 2019 even if you were on the same committee(s) last year. Committee chairpersons will be selected early in 2019 by committee members.

- | | | |
|---|--|--|
| <input type="checkbox"/> Membership Committee | <input type="checkbox"/> USDAA Trial Committee | <input type="checkbox"/> CPE Trial Committee |
| <input type="checkbox"/> Seminar Committee | <input type="checkbox"/> Practice Committee | <input type="checkbox"/> Equipment Committee |
| <input type="checkbox"/> Demo Committee | | |

Read and Sign the liability waiver below and send this form along with your check payable to “NOMAD” to: Billie Marsh, 110 Napper Road, Westport, NY 12993
Provide any updates or changes to the information requested below. If nothing has changed, then leave blank. If you have a new dog or no longer have a dog, make the changes accordingly.

Name: _____

Address _____

Home Phone _____ **Cell/Work Phone** _____

Email _____

Additions/ Deletions to dogs _____

Liability Waiver

I understand that there are a variety of risks to me and my dog from attending NOMAD activities. These risks include, but are not limited to, getting hit by a car, bitten by a dog, tripping and falling, spraining ankles or breaking bones. Understanding these risks, I voluntarily and knowingly waive any right I (and others on my behalf) might otherwise have to make any claim against any member or officer of Northern Magic Agility Dogs, Inc. (NOMAD) and/or any other person or entity connected with NOMAD activities (including, but not limited to, the owner or lessee of any property used by NOMAD) for any and all injuries or damage related to any NOMAD event.

Signature: _____ **Date** _____